



CITY OF TEMPE
PYLE ADULT RECREATION CENTER
USERGROUP PRE-RESERVATION QUESTIONNAIRE

Membership Roster MUST be submitted with form

TEMPE RESIDENT(S) IN CHARGE:

FIRST CONTACT

NAME: _____

ADDRESS: _____

DAY PH: _____ HOME PH: _____

ALTERNATE CONTACT (must be a Tempe resident)

NAME: _____

ADDRESS: _____

DAY PH: _____ HOME PH: _____

ALTERNATE CONTACT (must be a Tempe resident)

NAME: _____

ADDRESS: _____

DAY PH: _____ HOME PH: _____

ALTERNATE CONTACT (must be a Tempe resident)

NAME: _____

ADDRESS: _____

DAY PH: _____ HOME PH: _____

ORGANIZATION NAME: _____

Organization President's name / address / phone number _____

Brief description of the organization: _____

For what purpose has the organization requested the meeting space? _____

Participant Information:

1. Are at least 50% of your organization's members Tempe residents? Yes: _____ No: _____

(Membership Roster MUST be submitted with current names and address of members. This will be verified.)

Children: _____ Teens: _____ Adults: _____

2. Are Membership Fees / Dues Required? Yes: _____ No: _____

If Yes, Please Explain: _____

How Much? \$ _____ Weekly _____ Monthly _____ Yearly _____

What is the money used for? _____

When and how is the money collected? _____

3. Are there any other fees collected throughout the year? Yes: ___ No: ___

If Yes, please explain: _____

4. Will an admission be charged or donations requested for any activities held at Pyle? Yes: ___ No: ___

If Yes, please explain: _____

Additional Information:

• Is the Organization Non-Profit? Yes: _____ No: _____

• Does the Organization represent a For-Profit segment of the economy?
Yes: _____ No: _____

• Will the Organization's use of City facility involve a paid trainer or guest speaker? Yes: _____ No: _____

• Will the Organization's use of City facility involve paid staff?
Yes: _____ No: _____

• Will the Organization's use of City facility involve selling or promoting a product or service? Yes: _____ No: _____
If yes, please explain: _____

• Will the Organization's use of the City Facility present any opportunity for personal monetary gain whether or not income is realized directly or indirectly by the members, participants, guests or organization? Yes: ___ No: ___

If yes, please explain _____

Please Note: This is an application, nothing is finalized until you or your organization receives a copy of the Facility Use permit issued by the City of Tempe Community Services Department.

Return pre-reservation questionnaire to:

Pyle Adult Recreation Center
655 E. Southern Avenue
Tempe, AZ 85282
Phone: 480-350-5211
Fax: 480-350-5294